

## **Report of Death of an American Citizen Abroad**

The consular “Report of Death of an American Citizen Abroad” is a report that provides the essential facts concerning the death of a U.S. citizen and is based on the British death certificate or the Coroner’s Interim Certificate of the Fact of Death. It can generally be used in U.S. courts to help settle estate matters.

To enable the Embassy to prepare this document, next of kin or legal representatives should complete the “Request For Information for Preparation Of Foreign Service Report of Death” and forward it to the Special Consular Services Unit along with the deceased’s U.S. passport and the British death certificate. The passport will be canceled and returned with the death certificate and 20 copies of the Report of Death.

If you have any questions regarding this procedure then please contact the Embassy on 020-7499-9000.

***EMBASSY OF THE UNITED STATES OF AMERICA***

**AMERICAN CITIZEN SERVICES  
24 GROSVENOR SQUARE  
LONDON W1A 2LQ**

**REQUEST FOR INFORMATION FOR PREPARATION OF  
FOREIGN SERVICE REPORT OF DEATH**

Please provide the following information about the deceased and return the form to the above address together with the death certificate and the deceased's U.S. passport or naturalization certificate, or other proof of American citizenship. Please write clearly.

**PERSONAL DATA**

**FULL NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DATE & PLACE OF BIRTH:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**PLACE OF DEATH:** \_\_\_\_\_

**LAST U.S. ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**LAST U.K. ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**NEXT OF KIN: name:** \_\_\_\_\_ **relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**TRAVELING OR RESIDING WITH RELATIVES OR FRIENDS AS FOLLOWS:**

**Name:** \_\_\_\_\_ **relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**(please turn over)**

**FUNERAL ARRANGEMENTS:**

**BURIAL:** name & address of cemetery: \_\_\_\_\_

Grave number: \_\_\_\_\_

Date of burial: \_\_\_\_\_

**CREMATION:** name & address of crematorium: \_\_\_\_\_

When & where ashes scattered, interred or held: \_\_\_\_\_

Date of cremation: \_\_\_\_\_

**EFFECTS (property of the deceased):**

**CURRENT LOCATION OF EFFECTS:** \_\_\_\_\_

**PERSON OR OFFICIAL RESPONSIBLE FOR CUSTODY & ACCOUNTING OF EFFECTS:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

If the deceased received regular payments from any of the following, please give the claim number and the amount received:

**Social Security:** \_\_\_\_\_

**Veterans Administration:** \_\_\_\_\_

**Civil Service:** \_\_\_\_\_

**Railroad Board:** \_\_\_\_\_

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

**Signature:** \_\_\_\_\_

**Name (printed)** \_\_\_\_\_

**Relationship to deceased:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel No:** \_\_\_\_\_